

REQUEST FOR ID BADGE REPLACEMENT

Employees shall immediately notify their Supervisors upon the loss or damage of the State issued ID Badge and describe the circumstance of the loss or damage in writing. Supervisors shall ensure that Human Resources is notified by submitting the request for ID Badge Replacement to H.R. The replacement cost of a Identification Badge is \$5.00. Human Resources will determine if the employee is responsible for reimbursing the agency for the loss or damaged badge. Pursuant to IMP 89-01.

NAME _____ DATE _____

DEPARTMENT _____ SUPERVISOR _____

(Please give a brief description of how you lost or damaged your Identification Badge.)

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

Replacement cost charged (\$5.00) ☐

No replacement cost charged ☐

HUMAN RESOURCES MANAGER OR DESIGNEE SIGNATURE

DATE

RECEIVED PAYMENT (DATE)

SENT TO FINANCE (DATE)

RECEIVED BY FINANCE (NAME)

RECEIVED BY FINANCE (DATE)

(Please return copy of this form back to Human Resources)

ARIZONA DEPARTMENT OF VETERANS' SERVICES

EMPLOYEE EXIT CHECKLIST

To all supervisors: Please complete the following Exit Checklist and the attached Security Checklist by initialing and dating each line item, for which the supervisor is responsible, then circulate to the next responsible party listed on the Security Checklist. Then return only the **Employee Exit Checklist to Human Resources.**

EMPLOYEE _____

LAST DAY IN DIVISION _____

ITEMS TO BE COMPLETED	RESPONSIBLE PARTY'S INITIALS
SECURITY CHECKLIST	
TRAVEL CLAIMS COMPLETED	
TIME AND ATTENDANCE REPORTS PREPARED; FINAL DAY OF WORK NOTED AND PROVIDED TO PAYROLL	
EXIT INTERVIEW SCHEDULED WITH HUMAN RESOURCES MANAGER. <u>PERMANENT STATUS EMPLOYEES ONLY.</u> NOT APPLICABLE FOR DISMISSALS	
CLOSEOUT PASE SUBMITTED TO HUMAN RESOURCES.	
EMPLOYEE LETTER OF RESIGNATION SUBMITTED TO HUMAN RESOURCES.	
FINAL PAY CHECK INSTRUCTIONS (MAIL, DIRECT DEPOSIT, OR PICK UP PROVIDED TO PAYROLL)	
CURRENT ADDRESS PROVIDED FOR FINAL CHECK AND W-2 FORM.	

SECURITY PROPERTY CHECKLIST

☐ HIRE ☐ RESIGNATION ☐ DISMISSAL ☐ TRANSFER

EMPLOYEE _____ DIVISION _____

SUPERVISOR _____ LAST DAY IN DIVISION _____

SUPERVISOR

ID CARDS			
DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/ SUPERVISOR INITIALS
EMPLOYEE ID CARD			
BUS CARD			
CREDIT CARD/DINERS CLUB			
PARKING PASS			

KEYS			
DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/ SUPERVISOR INITIALS
DESK, DRAWERS, OVERHEAD, DOORS, FILES, PARKING CARD KEY, ETC.			

INFORMATION TECHNOLOGY

SYSTEM ACCESS			
DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/ SUPERVISOR INITIALS
NETWORK ACCESS			
HRMS/AFIS/ACCESS			
PMX ACCESS			
PASSWORD			
VOICE MAIL PASSWORD			
E-MAIL FORWARDED/ DELETED			

EQUIPMENT			
DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/ SUPERVISOR INITIALS
PDA			
LAPTOP			
HOME COMPUTER			
HOME PRINTER			

PURCHASING

PHONE EQUIPMENT			
DESCRIPTION	ID#	ISSUE DATE/EMPLOYEE INITIALS	RETURN DATE/ SUPERVISOR INITIALS
CELLULAR			
BEEPER			

I understand this property is to be used only in officially approved activities in connection with my state employment. I agree to notify my supervisor immediately upon the loss of any of this property, in which case I will sign an Affidavit of Loss and reimburse ADVS for the replacement costs of the property. I understand and authorize that upon my termination from state employment, if I have failed to return the above property, the replacement value of the property will be deducted from my final paycheck. I understand that I would have thirty (30) calendar days to resolve the matter. I also authorize that at the end of thirty (30) days, if I cannot resolve the matter, the deduction will be processed into the general fund.

EMPLOYEE SIGNATURE/DATE

SUPERVISOR'S SIGNATURE /DATE

DISTRIBUTION: EMPLOYEE; SUPERVISOR; IT OFFICE ; PAYROLL; PURCHASING;

HR/FORMS/SECURITY PROPERTY CHCKLIST1